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ABSTRACT

The Family, Infant and Preschool Program (FIPP) is an outreach unit of Western Carolina Center located in Morganton, North Carolina. Using a needs-based, social support approach, it provides and mediates child- and family-level resources and services for approximately 300 families of handicapepd and at-risk children, 0-6 years old. The conceptual bases of the program's assessment and intervention procedures are family- and systems-oriented. Family-level needs and goals are identified and all intervention efforts are based on those needs. A social systems orientation is used to analyze the complex relationships among needs, resources, and support. Professional staff take on expanded roles as counselors/listeners, consultants, resources, enablers, mediators, catalysts/mobilizers, teachers/therapists, and advocates. Project HAPPEN (Helping Agencies Promote Parent Empowerment through Networking) is a model-demonstration project which operationalizes the FIPP approach. A major goal of this project is the empowerment of parents of special needs children to identify their needs and resources independently as they prepare for a transition phase of service delivery for their child. Project HAPPEN's major components include, among others, involvement in interagency networking, assessment of child and parent strengths and needs, assessment of the empowerment process, development of family action plans, and intervention. (JDD)

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Family-Focused Services of the Family, Infant and Preschool Program

In this presentation we describe how the Family, Infant and Preschool Program (FIPP) uses a needs-based, social support approach to provision and mediation of both child- and family-level resources and services. FIPP is an outreach unit of Western Carolina Center located in Morganton, North Carolina. The program provides home-, center-, and community-based services to approximately 300 families of handicapped, retarded, delayed, and at-risk children birth to six years of age. Detailed descriptions of FIPP can be found in Dunst (1985) and Dunst, Trivette, McWilliam, and Galant (in press).

The needs-based assessment and intervention strategy used by FIPP includes three major components: specification of family needs, identification of sources of support and resources to meet needs, and staff roles in helping families access resources from their support networks (see Figure 1). Family concerns, issues, and priorities are first identified using a number of needs-based assessment procedures and strategies. Once needs have been specified, the parents and staff together "map" the family's social support network in terms of both existing sources of support and untapped, but potential sources of aid, assistance, and resources. After needs and both sources of support and resources have been identified, staff function in a number of different capacities to enable and empower families in order that they may become more competent in being able to get needs met and achieve desired goals (Dunst, 1986a; Dunst & Trivette, in press). This three-component process was stated in the following manner by Hobbs, Dokecki, Hoover-Dempsey, Moroney, Shayne, and Weeks (1984) in terms of the goal of assessment and intervention from a family systems perspective: "The goal...is to identify family needs, locate the informal and formal resources for meeting those needs, and help link families with the identified resources." (p. 50) To do so both enables and empowers families in a way that makes them more competent and better able to mobilize their resources in a manner that promotes child, parent, and family functioning (see especially Dunst, 1986a).

Conceptual Bases of the Assessment and Intervention Procedures

We have developed an approach to assessment and intervention that is family and systems oriented, and which attempts to provide and mediate the types of support that directly and indirectly promotes child, parent, and family development (Dunst, 1985; Dunst et al., in press). This approach draws from several social systems and ecological theories described below.

Our approach to assessment and intervention integrates and synthesizes the theoretical formulations and empirical evidence from a number of social systems models, including social network theory (e.g., Bott, 1971; Mitchell & Trickett, 1980; Mueller, 1980; Unger & Powell, 1980), human ecology (Bronfenbrenner, 1979; Cochran & Brassard, 1979), help-seeking theory (Gourash, 1978), and adaptational theory (Crnic, Friedrich, & Greenberg, 1983a). Taken together, these four separate but complementary theoretical orientations indicate that ecological settings and social units, and events within them, do not operate in isolation but affect one another both directly and indirectly so that changes in one unit or subunit reverberate and impact upon members of other units.

Social network theory attempts to describe the properties of social units, the linkages among units, and how provision of support by network

members promotes individual, family, and community well-being (Cohen & Syme, 1985). Human ecology emphasizes the interactions and accommodations between a developing person and his/her animate and inanimate environment, and how events in different ecological settings directly and indirectly affect the behavior of a developing person (Bronfenbrenner, 1979; Cochran & Brassard, 1979). Help-seeking theory examines the conditions which affect a decision to seek help, and from whom help is sought (Dunst & Trivette, in press). An inverse relationship is predicted between help-seeking from informal (e.g., friends) and formal (e.g., professionals) sources of support. To the extent that help from informal social network members buffer the stresses and strains associated with different life crises (e.g., the birth and rearing of a handicapped youngster), as well as promotes adaptive functioning, the need for more formal sources of support is lessened. Adaptational theory attempts to explain how ecological influences affect reactions to the birth and rearing of an atypically developing child, and how different ecological forces, including social support, either positively or negatively influence a family's ability to cope and adapt to the birth and rearing of a handicapped child (Crnic et al., 1983a). Collectively, these four theoretical orientations also provide a framework for understanding how needs, resources, support, and family and professional roles affect family functioning in a way that promotes development in a proactive manner.

Needs, Resources, and Social Support

The complex relationships between needs, resources, and support necessitates that we have some understanding about the meaning of these terms. We begin with definitions and discussions of these constructs from a social systems orientation.

A Social Systems Perspective of Needs

In attempting to assess various levels of family functioning, one must first arrive at some notion about what all families need for stability and growth. Although the term "need" will always require some subjective definition that takes social context into consideration, it is critical, nevertheless, to have some basis by which to match needs and resources. Table 1 provides a framework for conceptualizing family needs together with several examples of those resources and support that are included within each category of family functions.

The notion of "environmental press" is central to understanding how needs influence behavior. Garbarino (1983) defined environmental press as:

> The combined influence of forces working in an environment to shape the behavior and development of individuals in that setting. It arises from the circumstances confronting and surrounding an individual that generate (needs and) psychosocial momentum, which tend to guide that individual in a particular direction. (p. 8)

This set of conditions suggest that those "forces" that are strongest will take precedence, and steer behavior in certain directions. Thus, a person's perception of what constitutes the most important needs at a particular point in time will likely assume priority status, and guide the person's behavior.

The proposition that individual and family needs are one set of forces that affect behavior is fundamental to family systems theory (Hartman & Laird, 1983). Moreover, because needs can be roughly ordered in a hierarchy from the most to least basic, emphasis is likely to be placed on meeting unmet needs that are at the top of the hierarchy (i.e., those that are most basic). The contention that needs can be ordered on a continuum and both steer and propel behavior is not new. These notions can be traced to Lewin's (1931) field theory of environmental psychology, Hull's (1943) and Murray's (1938) theories of motivation, and Maslow's (1954) theory of self-actualization. Maslow, for example, placed needs in a hierarchy, and stipulated that unmet basic needs "dominate" behavior and interfere with achievement of higher-level needs.

Social Networks As Sources of Support and Resources

Social networks are the primary sources of support and resources for meeting needs. Social support is defined as "the resources provided by other persons...(and) differs in type and function...at different periods of life" (Cohen & Syme, 1985, p. 4). Resources are defined as "something that lies ready for use or that can be drawn upon for aid or to take care of...in time of a need or emergency" (Webster's New World Dictionary, 1974, p. 1211). Resources and social support include the emotional, physical, informational, instrumental, and material aid and assistance provided by others to maintain health and well-being, promote adaptations of life events, and foster development in an adaptional manner.

Until now, the social support construct has been difficult to operationally define, and thus hard to interpret clinically. Recent advances, however, have made it clear that it is a multidimensional construct (Barrera et al., 1981; Barrera & Ainlay, 1983; Stokes & Wilson, 1984) and, that different types of social support have differential impacts (Dunst & Trivette, 1984; Mitchell & Trickett, 1980).

The most ambitious attempt to define the social support construct at the level of specificity that permits one to assess "who did what to whom" is presented in a recent work by Cohen and Syme (1985) who stated that "We believe that further advances in the ability to conceptualize and assess the kinds of support provided are necessary before it will be possible to understand the support process and realize its clinical possibilities" (p. 13). According to House and Kahn (1985), the term "social support" refers to a number of different aspects of social relationships. It can be defined in terms of relational components, "the existence of quantity of social relationships; structural, the characteristics of the network; and functional, the type of support provided.

Besides the relational, structural, and functional components of support, satisfaction with support has been identified as an important part of the social support domain (Barrera et al., 1981; Hirsch, 1979). In our own work, we have identified a fifth support component which reflects the match between perceived needs and the availability of the assistance to meet these needs. We termed this component of the social support construct constitutional to reflect attempts to improve one's well-being by seeking support essential to meeting self-identified needs.

Figure 2 shows the potential connections among the different components of the social support construct. This conceptualization is derived, in part,

from the work of Hall and Wellman (1985) and House and Kahn (1985) and has evolved from our work on explicating the components of the social support construct. The existence or quantity of relational support is a necessary condition for and hence a partial determinant of (a) defining needs (constitutional), (b) the structural characteristics of one's social network, and (c) the types of help and assistance available from network members. Similarly, both constitutional needs and network structure may partially determine the particular types of support that are procured and offered. Finally, the types of support provided, especially the relationship between constitutional and functional support, will in part determine the degree to which one finds the aid and assistance helpful, and thus is satisfied with the support.

A sizable body of evidence indicates that social support has positive influences on personal and familial health and well-being (e.g., Cohen & Syme, 1985; Dean & Lin, 1977; McCubbin et al., 1980; Mitchell & Trickett, 1980). Recent work has demonstrated that the positive effects of social support go beyond mediation of intrapersonal and intrafamily physical and psychological health to include influences on parenting, family interactions, and child behavior. There is a growing body of evidence that social support both directly and indirectly influences attitudes toward parenting (Crnic, Greenberg, Ragozin, Robinson, & Basham, 1983b); parental styles of interaction (Crnic et al., 1983b, Crockenberg, 1981; Embry, 1980; Philliber & Graham, 1981; Weinraub & Wolf, 1983); parental attitudes, expectations, and aspirations for their children (Lazer & Darlington, 1982); and child behavior and development (Crnic et al., 1983b; Crnic, Greenberg, & Slough, 1986; Crockenberg, 1981).

The role that social support plays in (a) buffering families from the negative effects of the birth and rearing of a handicapped child and (b) promoting parent, family, parent-child, and child functioning, has been the focus of a series of studies in our own program (Dunst, 1985; Dunst & Trivette, 1984, 1986; Dunst, Trivette, & Cross, 1986a, 1986b; Trivette & Dunst, 1986a, 1986b). Collectively, our findings suggest the pattern of direct and indirect influences depicted in Figure 3 (see Dunst et al., in press). The results from our studies show that (a) social support is the principle determinant of health and well-being, (b) social support and well-being are partial determinants of family integrity and functioning, (c) social support, well-being, and family functioning affect the styles of interactions parents use with their children, and (d) social support, well-being, and interactional styles influence parental perceptions of child functioning, and to a smaller degree, actual child development. Thus, to the extent that we can identify needs and help families access resources from their social support networks, the likelihood of promoting positive functioning should be enhanced considerably.

Professional Roles in Enabling and Empowering Families

The approach to assessment and intervention proposed in this paper necessitates a shift in the roles professionals play in providing and mediating provisions of support and resources to families. This is the case because different needs dictate different types of interventions, and because needs change considerably as a function of both normative and non-normative life changes (Figley & McCubbin, 1983; McCubbin & Figley, 1983; Dunst et al., 1986b). Consequently, truly individualized interventions tailor treatments to

the needs of family members rather than making families fit into predetermined treatment programs.

Elsewhere we have proposed a series of 10 principles that suggest the characteristics of helping relationships that are most likely to enable, empower, and strengthen families as well as promote acquisition of the types of competencies th get needs met (Dunst, 1985; Dunst & Trivette, in press). These principles suggest new and expanded roles that professionals must assume in order to truly be responsive to a family's needs (see especially Slater & Wikler, 1986; Soloman, 1985). We now describe these roles to illustrate the broader-based strategies suggested by a social systems prespective of assessment and intervention.

Counselor/Listener

In this role, the professional adopts many of the techniques traditionally assumed by counselors and family therapists in helping parents adjust to the demands and difficulties of rearing a handicapped child. Although many families with a handicapped member do not experience increased conflict, some families do react negatively and thus require therapeutic interventions. In this role, the professional uses strategies that promote positive functioning and adaptability in response to the many challenges and frustrations associated with having a handicapped family member.

One of the most important counseling methods a professional can utilize is active and reflective listening. Functioning as a close, trusted support source and an active, empathetic listener is a role that is extremely important if family-professional partnerships are ever to be established. However, where the complexities of the family's emotional needs are beyond the competencies of the interventionist, it is most appropriate to assist the family in accessing professional counseling.

Consultant

The professional who functions as a consultant provides information and opinions <u>in response</u> to requests made by the family and/or their network members. Families oftentimes seek advice and information from professionals because they have a need to better understand the implications of their child's handicapping condition. For example, members of a family's informal support network may be reluctant or unwilling to help or assist the family because they lack knowledge and experiences with handicapped children. In the role of consultant, the professional provides information that the family can use to make informed decisions, and that their social network members can use to be a better source of support to the family.

Resource

Perhaps one of the most functional roles that a professional can assume is that of a resource to the family. In this capacity, the professional functions as a source of knowledge and skills that the family can utilize as needs arise. This is especially the case with regard to the types of services and community programs that are available to handicapped children and their families. Families are oftentimes not aware of what services exist in the community because of no previous need to access these resources. In a resource capacity, the professional functions as a natural "clearing house" of

information about community resources, different types of services, and so on.

Enabler

Beyond a familiarity with various services and programs, a family must have the necessary competencies to access those resources. As an enabler, the professional creates opportunities for families to become skilled at obtaining resources and support. In this capacity, the professional moves beyond simply making families aware of services and programs to helping them become effective and successful in actually accessing resources and support. The critical element in performing this role is that the family be enabled to take action rather than the professional acting for the family. For example, rather than the professional providing transportation for a family, the family would be taught how to access transportation from their social network as a basis for getting needs met.

Mediator

In instances where families have had many negative encounters with their informal and/or formal social networks, it is often necessary for the family and/or professional to work directly with different individuals or agencies in a manner that promotes cooperation between the respective partners. One of the purposes of these encounters is to set the occasion for more positive interactions. In this role, the professional keeps interactions positive, task-oriented, and mutually reinforcing to both the family and other network members. Mediating interactions and exchanges between the family and other larger systems is a function that should be performed only long enough for the family to begin using its capacity for mobilizing support and accessing resources more effectively.

Catalyst/Mobilizer

As a catalyst, the professional helps to make the family aware of potential but untapped resources and sources of support, as well as helps them acquire the ability to mobilize support and access resources. As part of the process of helping families identify persons in their social networks (relatives, friends, neighbors, employers, clergy, etc.), the professional and family explore ways in which those individuals may be used as a source of aid and assistance. As a mobilizer of support network members, the professional works to bring together the "key players" needed in order for the family to gain access to resources and support.

Teacher/Therapist

The role most commonly assumed by professionals working with families of handicapped children is that of teacher or therapist with children. Or teaching the parents to function in this capacity. This is an important role, and one that is crucial to the extent that enhancement of child competence will permit him or her to become a more socially-adaptive member of the family unit.

As part of interventions where parents or other caregivers are asked to function in an instructional capacity, we find it crucial that child-level interventions be incorporated into the daily routines of the family if those efforts are to promote rather than interfere with family functioning. In this

role, the professional helps parents find ways of incorporating "interventions" and "therapy" to normal daily activities rather than asking the families to set aside large amounts of time to function as a "teacher." Moreover, in line with our proactive stance toward children and families (Dunst, 1985), assuming the role of teacher or therapist means identifying child and parent strengths, and using them as a basis for addressing both child and family needs.

Advocate

In an advocacy role, the professional provides parents with the necessary knowledge and skills to (a) protect the rights of themselves as well as their children, (b) negotiate effectively with policy-makers, and (c) create opportunities to influence establishment of policies on behalf of children and families. This is accomplished in a proactive way with families, policy-makers, and policy-enforcers all taking shared responsibility on behalf of handicapped children.

Conclusion

Our experiences thus far in implementing a needs-based, social systems approach to assessment and intervention has taught us a number of things about the logistics of doing family-level work. First, we cannot emphasize enough the importance of identifying family-level needs and goals, and basing all intervention efforts around these needs. Not doing so will almost certainly reduce the probability that families will show interest in participating in different intervention services (e.g., parent support groups). Second, the ability to meet needs and assist families in attaining goals they have set for themselves is best accomplished by (a) utilizing their informal support network to the extent possible and (b) enabling families to take an active role in accessing resources and support. There is a tendency for professional "helpers" to do everything for families where families become passive recipients of aid and assistance. To do so, supplants the family's natural support network, and oftentimes has harmful consequences, including attenuation of self-esteem, creation of dependency, and promotion of helplessness (see especially Dunst & Trivette, in press). Third, we find that asking professionals to assume more varied roles in working with families oftentimes elicits the response that to do so means added responsibilities to their already taxing jobs. The fact of the matter is, the broader-based orientation we have offered makes the professional's job a lot easier. This is the case because major emphasis is placed on promoting families' acquisition of competencies that permit them to become more independent and self-sustaining in meeting most day-to-day needs rather than the professional assuming responsibility for doing so. Thus, to the extent that professionals can enable and empower families in a manner that promotes their acquisition of self-sufficient competencies, the family is much more likely to be able to independently mobilize their resource and support network to get needs met.

The following is a description of a model-demonstration project at the Family, Infant and Preschool Program which operationalizes the needs-based, social systems approach. The services offered by this project are focused primarily on families who are approaching or are currently involved in a transition phase of service delivery for their child.

Project HAPPEN (Helping Agencies Promote Parent Empowerment through Networking) is a three year model-demonstration grant funded by U.S. Office of Special Education-Handicapped children -Early Education Projects. A major goal of this project is the empowerment of parents of special needs children to identify their needs and resources independently, as they transition among service delivery systems. Project HAPPEN works within the informal and formal support networks that the family already uses to meet their needs rather than creating new helping systems as needs change.

Project HAPPEN has developed a hierarchy of staff roles (figure 4) used in working with the family as they identify their needs, resources, and take and evaluate action to meet their needs. Staff utilize these as roles within the larger model of service delivery utilized by Project HAPPEN (see figure 5) The twelve (12) major components of this model are as follows.

1. Evaluation of Community Resources and Interagency Networking--The Educational Consultant visits agencies, service organizations, and other groups in a county, sharing information and materials on Project HAPPEN. He/she learns about community concerns, cooperative efforts already in place, and services available to families. Contact persons within each unit (e.g., agency, organization, group)complete the Interagency Cooperation Survey. All community contacts are documented on the Community Contact Sheet.

2. Involvement in Community Interagency Networking--The Educational Consultant develops informal relationships and cooperative agreements with community agencies and groups. These agreements are documented through personal letters to the contact person. The Educational Consultant participates in interagency meetings completing the Observations Scale of Group Interaction following each meeting. Networking activities are documented on the Community Contact Sheet.

3. Family Referral--The Educational Consultant receives referral information from the referral source. If the referral source is a professional, the Educational Consultant discusses the need to share these concerns with the family and documents this information on the Community Contact Sheet. If the referral source is a family member, the Educational Consultant discusses initial concerns, schedules a home visit, and documents the information on the Family Contact Sheet.

4. Initial Home Visit--The Educational Consultant visits the family at a convenient time and shares information about Project HAPPEN services. The Educational Consultant discusses ways that Project HAPPEN could be helpful. This visit is documented on the amily Contact Sheet.

5. Needs Identification--During the first home visit, the family completes the Family Needs Scale rating the extent to which their needs are met. The Educational Consultant discusses witha the family, any needs that require immediate attention and helps them generate options of action to take, offering information and support, if needed. This is documented on a Family Action Plan and Family Contact Sheet.

6. Network Mapping--During the second home visit, the family identifies people they have had contact with in the last six months in four ecological groups - intrafamily, family, informal, formal. Following

this activity, the Network Mapping Game is played to discover satisfaction with and reciprocity of each support network member and needs that each network member helps to meet. This information is documented on the Social Network Matrix.

7. Assessment of Child and Parent Strengths and Needs--The parent(s) complete the Child Development Rating Scale during a home visit. The Educational Consultant is available to assist the parent if needed. This scale assesses the child's adaptive behavior in four areas communication, movement, daily living, and socialization. The parent(s) also complete the Parent Self-Awareness Scale rating his/her perception of competence in - interpersonal, intrapersonal, informational, and decision-making skills. This information is coded on a data sheet to evaluate child and parent strengths and needs.

8. Assessment of Empowerment Process--The Educational Consultant completes the Observation Scale of Parent Empowerment to assess family functioning in four key empowerment areas: (a) needs identification, (b) decision making, (c) action, and (d) evaluation. This information is coded on a data sheet to evaluate the family's strengths and needs.

9. Development of Family Action Plan--The Educational Consultant and family review the assessment information and develop a Family Action Plan. This plan outlines the needs the family will be addressing and who in their support network the family will be involved in meeting these needs. On the Family Action Plan is a task analysis of the action the family will take to meet each need. The role of the Educational Consultant is outlined within the plan. Needs the family has accomplished or is working on independently are documented to reinforce these actions that have been taken. The Educational Consultant documents this information on the Family Contact Sheet.

10. Intervention--As the family carries out the tasks outlined on the Family Action Plan, the Educational Consultant's involvement varies for each need. Involvement varies by staff roles (linkage, mediator, networker, resource) and by type of support given (instrumental, guidance, material, and emotional). If the family is involved in acessing services from agencies, such as school placement, the Parent-Professional Interaction Scale is completed. This information is documented on the Family Contact Sheet.

11. Revision of Family Action Plan--The Family Action Plan is changed as needs, resources, and level of parent emowerment changes. The plan is revised during a home visit as the Educational Consultant reviews action that the family has taken. The Educational Consultant helps the family evaluate the success of each action and works with the family to identify other needs they would like to address. The revision of the Family Action Plan may indicate a need to go back through the assessment process for updated information.

12. Resource Services to Family and Community--As the family develop skills and confidence in meeting their needs independently, the Educational Consultant moves into a resource role. In this role, the Educational Consultant is available to both the family and the community for information or training.

In order to promote and respond to the parents' sense of empowerment, staff change roles throughout the process of intervention. These roles are need specific assuring that parents' sense of competence vary according to the needs they are attempting to meet and the resources available to them specific to that need. These roles fit within the context of the broader role defined by FIPP.

The linkage role is used by HAPPEN staff in helping families identify their needs, networks, and resources available to them. Also staff use the linkage role in generating options with the family to used to meet their needs. In generating options, the staff member helps the family consider response cost and reciprocity issues and to consider options from within their informal support network, using formal resources only when necessary.

As mediators, Project HAPPEN staff members guide families in prioritizing needs, developing strategies to meet these needs and developing and implementing a plan of action to meet these needs. In the mediator role, staff reinforce the family's sense of competence, helping them expect successful completion of their actions. Also, vital to the parents sense of empowerment is their attributing these actions to themselves and their efforts not to the efforts of Project HAPPEN.

Much of Project HAPPEN's community level intervention is performed at a networker role level. In this role, Project HAPPEN models cooperative interaction within the community network and the competence of families to truly be a part of this network. Also as networkers, Project HAPPEN staff member supports the families as they take action to meet their needs, and evaluate the success of their efforts. As families successfully meet their needs and attribute this to their own efforts, performance history is effected and families sense of competence or empowerment develops.

In a resource role Project HAPPEN staff are available to both families and communities as needed with requests for support (information or training) initiating from them. As families meet their needs independently, they may periodically need information on new resources or have a new need arise that beings up an interests in new involvement. By varying staff roles along this continuum, Project HAPPEN supports families throughout transitions, as they develop a sense of empowerment.

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Table 1. Framework for Assessing Family Needs

Family Functions	Needs
Economic	Adequate amounts of money
	Ability to budget money wisely
	Funds to purchase necessities
Physical	Adequate nutrition, clean air, and water
	Adequate housing (space, safety, warmth, furnishings, etc.)
	Safe neighborhood; police and fire protection
	Access to preventive and therapeutic medical and dental care
	Access to a telephone; public or private transportation
Vocational	Gratifying work (employment) in and out of the home
	Opportunities for learning new skills and for personal achievement
Recreational	Time for daily rest and opportunities for activities other than work and home responsibilities
Educational	Time and adequate materials for developing the child(ren)'s knowledge, abilities, and skills
	Opportunities for adult education
Emotional	Positive relationships among family members and with others outside the family which offer expression of affection, respect, and support

Table 1, continued

Family Functions	Needs
Cultural/Social	Meaningful communications and interactions with extended family, neighbors, friends, and community
	Opportunities to share ethnic or value-related experiences with others

Note. Neither the family functions or needs are either exhaustive or mutally exclusive. They are meant to represent the myriad and range of family roles and behaviors that constitute appropriate targets from a social systems approach to assessment and intervention.

Figure Caption

Figure 1. A graphic display for representing the relationships between family needs, resources and support, and professional roles as the three major components of a social systems approach to family-level assessment and intervention.

Figure 2. Conceptual framework for assessing the components of social support and the relationships among the five major support components.

Figure 3. A model for depicting the direct and indirect influences of social support on parents, family, parent-child, and child functioning.

Figure 4. Project HAPPEN: Overview of staff involvement.

Figure 5. Project HAPPEN: Graphic representation of assessment and intervention model.

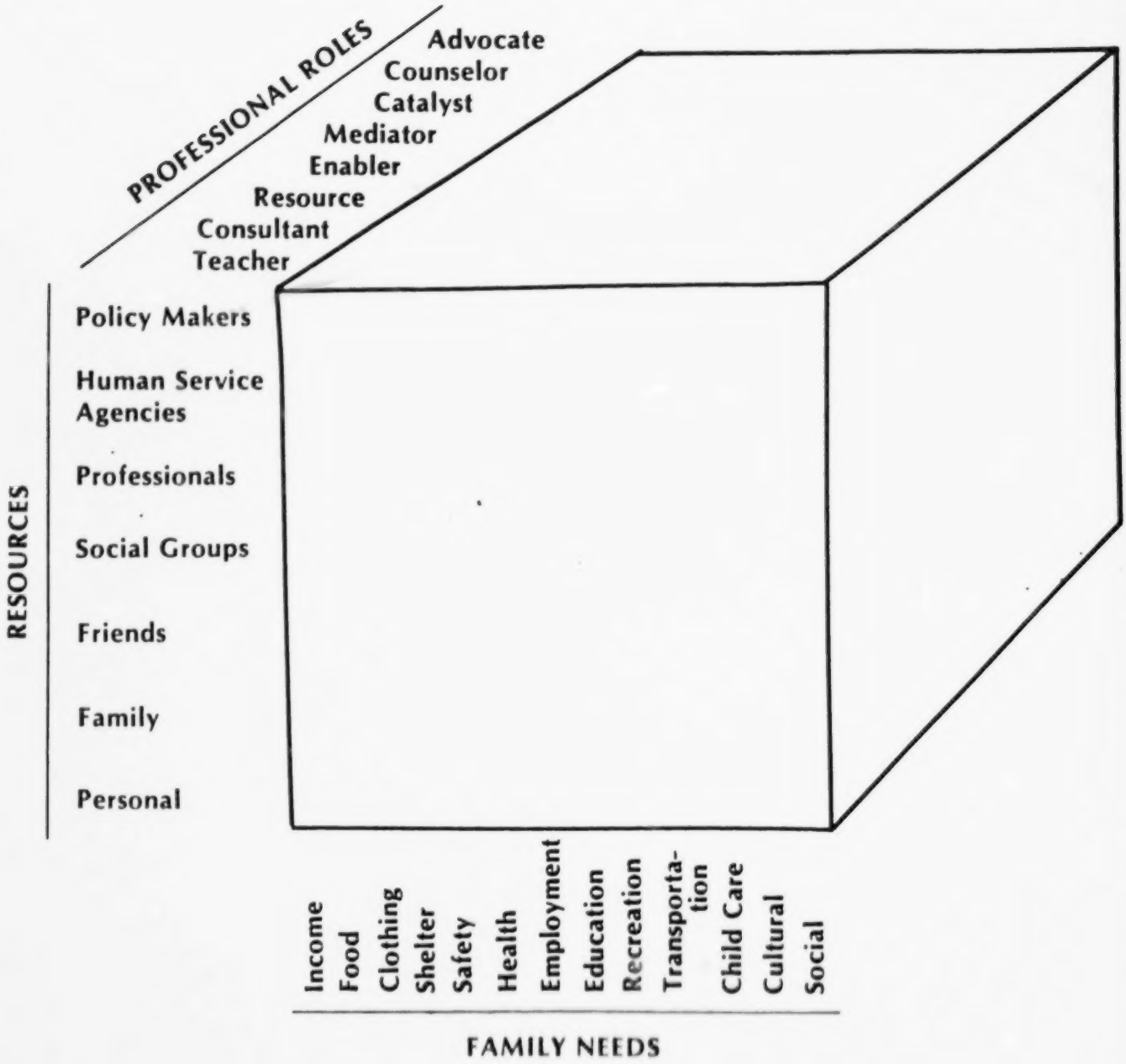

PROFESSIONAL ROLES
Advocate
Counselor
Catalyst
Mediator
Enabler
Resource
Consultant
Teacher
RESOURCES
Policy Makers
Human Service Agencies
Professionals
Social Groups
Friends
Family
Personal
Income
Food
Clothing
Shelter
Safety
Health
Employment
Education
Recreation
Transportation
Child Care
Cultural
Social
FAMILY NEEDS

Figure 1.

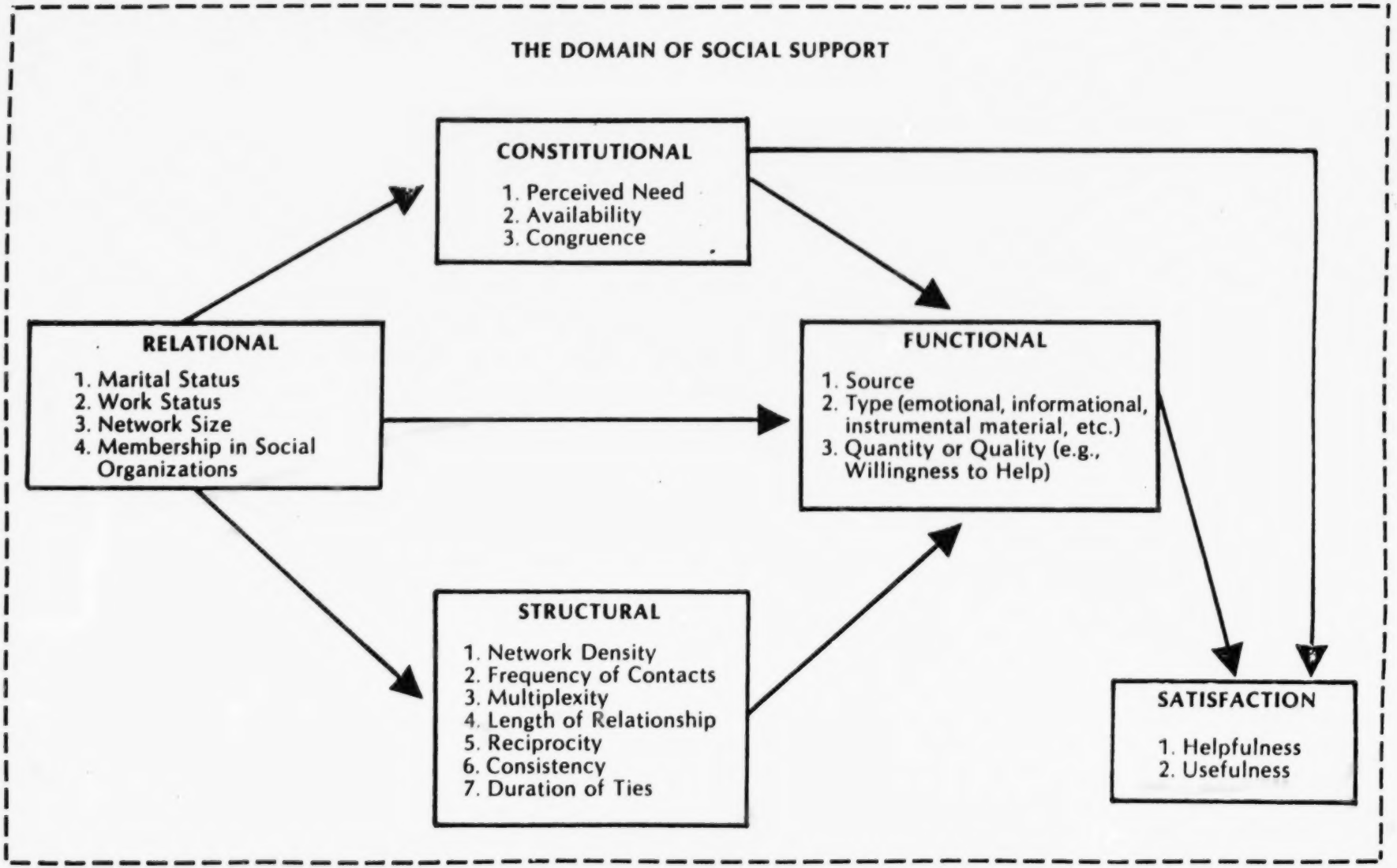

THE DOMAIN OF SOCIAL SUPPORT
CONSTITUTIONAL
1. Perceived Need
2. Availability
3. Congruence
RELATIONAL
1. Marital Status
2. Work Status
3. Network Size
4. Membership in Social Organizations
FUNCTIONAL
1. Source
2. Type (emotional, informational, instrumental material, etc.)
3. Quantity or Quality (e.g., Willingness to Help)
STRUCTURAL
1. Network Density
2. Frequency of Contacts
3. Multiplexity
4. Length of Relationship
5. Reciprocity
6. Consistency
7. Duration of Ties
SATISFACTION
1. Helpfulness
2. Usefulness

Figure 2.

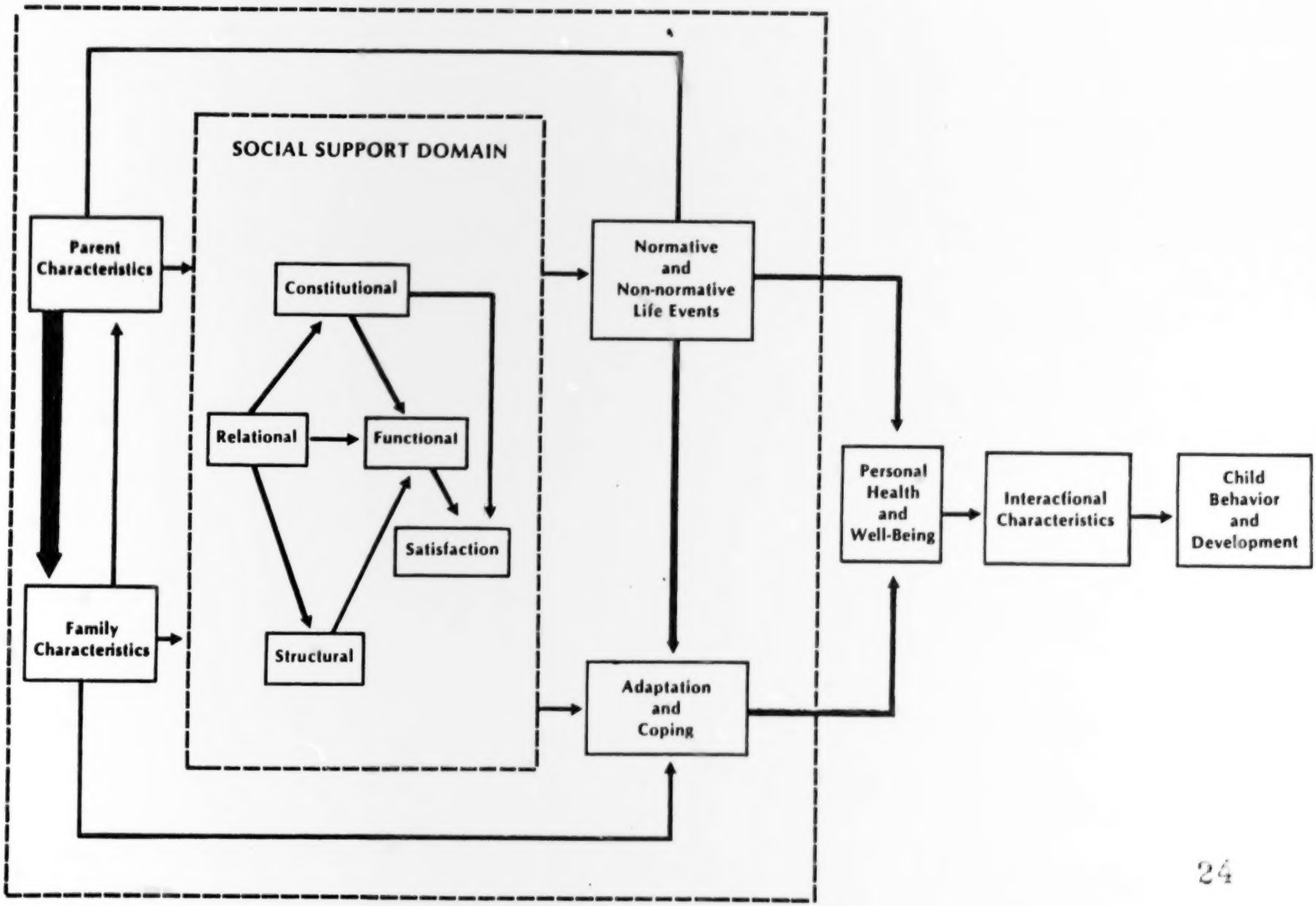

SOCIAL SUPPORT DOMAIN
Parent Characteristics
Family Characteristics
Constitutional
Relational
Functional
Satisfaction
Structural
Normative and Non-normative Life Events
Adaptation and Coping
Personal Health and Well-Being
Interactional Characteristics
Child Behavior and Development

Figure 3.

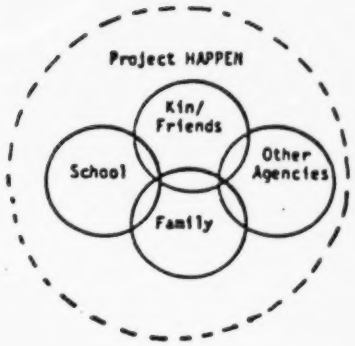
Table 1. Framework for Assessing Family Needs

Family Functions	Needs
Economic	Adequate amounts of money Ability to budget money wisely Funds to purchase necessities
Physical	Adequate nutrition, clean air, and water Adequate housing (space, safety, warmth, furnishings, etc.) Safe neighborhood; police and fire protection Access to preventive and therapeutic medical and dental care Access to a telephone; public or private transportation
Vocational	Gratifying work (employment) in and out of the home Opportunities for learning new skills and for personal achievement
Recreational	Time for daily rest and opportunities for activities other than work and home responsibilities
Educational	Time and adequate materials for developing the child(ren)'s knowledge, abilities, and skills Opportunities for adult education
Emotional	Positive relationships among family members and with others outside the family which offer expression of affection, respect, and support
Cultural/Social	Meaningful communications and interactions with extended family, neighbors, friends, and community Opportunities to share ethnic or value-related experiences with others

Note. Neither the family functions or needs are either exhaustive or mutually exclusive. They are meant to represent the myriad and range of family roles and behaviors that constitute appropriate targets from a social systems approach to assessment and intervention.

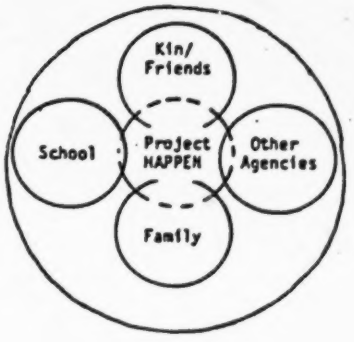
FIGURE 4
OVERVIEW OF STAFF INVOLVEMENT
PROJECT HAPPEN

LEVELS OF INVOLVEMENT



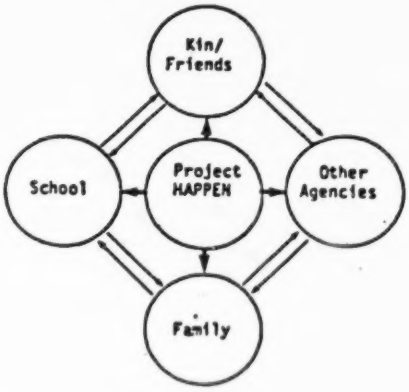
RESOURCE
Level 4

In the **Resource** role a staff person is available to provide information or training to a family or a community at their request. The family plans, prioritizes needs, develops strategies to meet needs, and evaluates the outcome independently.



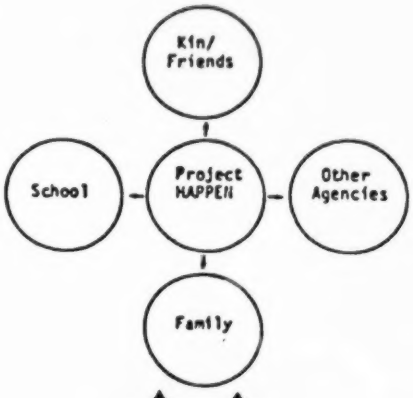
NETWORKER
Level 3

The **Networker** role describes staff involvement in working in a cooperative partnership with a family as they arrange, follow and evaluate their plan of action. The Networker participates in community activities to model cooperative interaction.



MEDIATOR
Level 2

The **Mediator** role involves a staff person actively guiding a family in planning and prioritizing needs, developing strategies, and implementing a plan of action to meet needs. A Mediator supports competence in the family and helps them develop skills needed to meet needs more independently.



LINKAGE
Level 1

The **Linkage** role is used by staff member working with a family to identify their needs, support networks and resources available. As a Linkage, a staff member helps a family generate options to meet needs.

Types of Linkages

Roles of Staff

Definitions of Roles

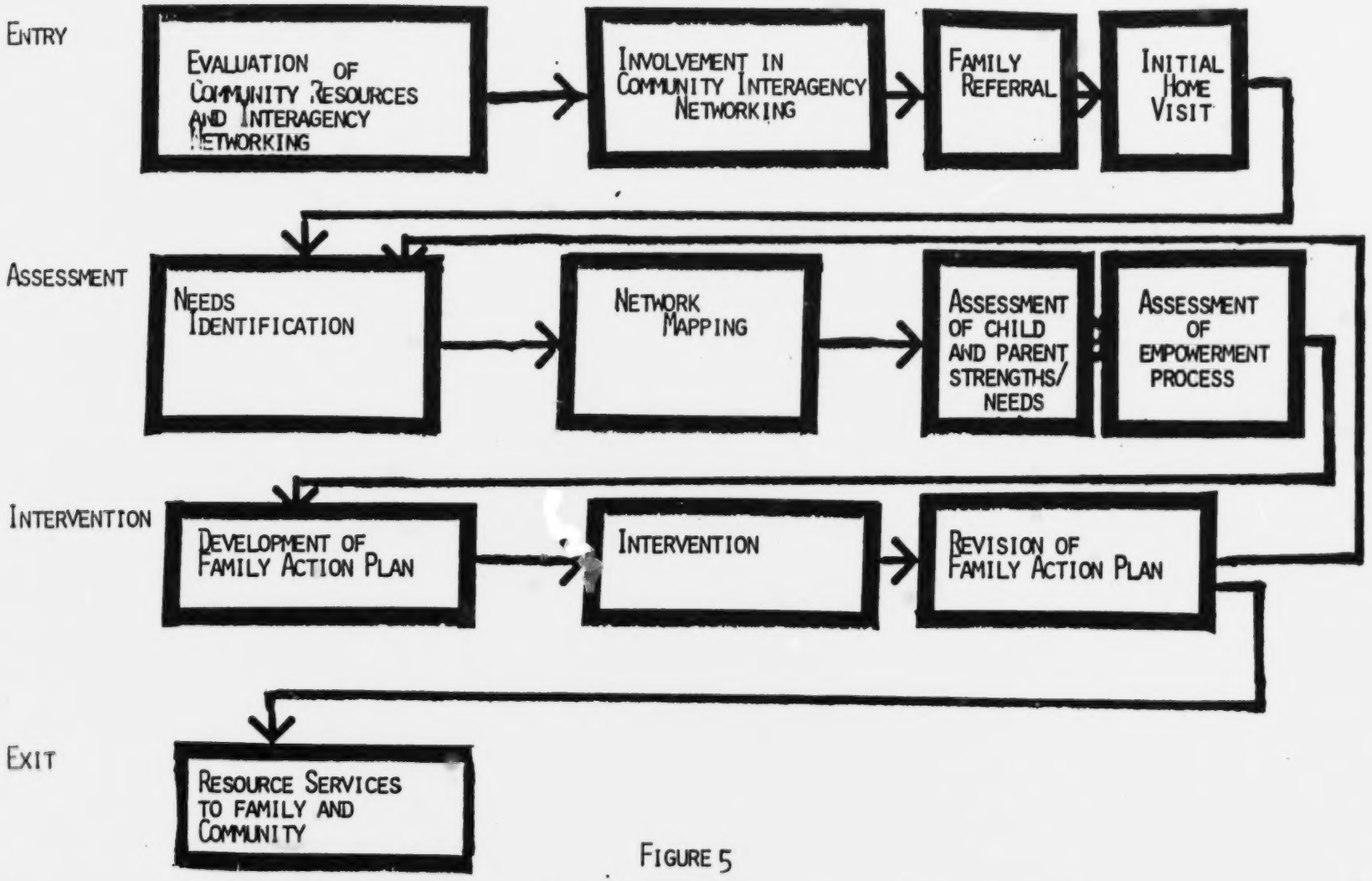


FIGURE 5

GRAPHIC REPRESENTATION OF PROJECT HAPPEN ASSESSMENT AND INTERVENTION MODEL